



THE

ACCESS

Update

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The Volunteer Health Care Provider Program Moved

The Volunteer Health Care Provider Program has moved from the Bureau of Local Public Health Services to the Bureau of Oral and Health Delivery Systems. This move is an ongoing part of reorganization within the Iowa Department of Public Health.



This program fits well within the OHDS bureau because it helps to address access to health care for underserved Iowans as well as increasing volunteerism by competent health care professionals. The program provides legal protection to individual volunteer health care providers and protected clinics providing free, uncompensated health care services across the state in Iowa. This alleviates the common barrier for professionals of not enough or lack of malpractice insurance to work in a free clinic setting.

There are approximately 480 volunteers serving in about 40 sponsored clinics within the program. Three of those clinics have protected status under the program. Volunteers include physicians, nurses, social workers and other health care professionals.

The VHCPP is established in Iowa Code 135.24 and Iowa Administrative Rules can be found in 641-Chapter 88. Doreen Chamberlin, executive officer in the OHDS bureau, administers the program. The website is under construction but will be available under the OHDS website by the end of October. To find us then, visit <http://www.idph.state.ia.us/OHDS/>.

Insurance Marketplace Enrollment Rolls Out Across Iowa and the Nation

“MarketPlace” is the term for the ACA insurance exchange program. Marketplaces are for individuals to comparison shop and purchase healthcare coverage. October 1 marked the nationwide start date for enrollment in the public exchange MarketPlace. The process was slowed down due to online federal system glitches. In the first 10 days of enrollment 14.6 million unique visits were tracked by the federal portal. Actual enrollment numbers are to be available in November. The public have until December 15 to sign up for health coverage that will start January 1, 2014. The Open Enrollment period is open until March 31, 2014. Future open enrollment periods will be October 15–December 7, 2014.

MarketPlace models in the nation’s 50 states. There are three type public exchange models.

1. Federal Exchange;
2. Partnership Exchange (Iowa participation); and
3. State-based Exchange.

Click [here](#) for a map and an up-to-date in-depth look at each state’s progress with health insurance Marketplace.

Iowa Marketplace Insurance Providers—The Iowa Insurance Division certified 10 carriers with health and dental plans for the Marketplace. That means consumers will have a choice of at least two policy options no matter where they live in the state.

Insurance coverage options in Iowa fall into four categories for benefits and costs. The different categories represent what an average enrollee would pay out-of-pocket when they receive care. Those with a bronze plan pay a higher portion of the total cost of the care than with a gold plan. While bronze plans will have lower premiums, they will have higher deductibles, co-pays and coinsurance levels. The levels of payment are:

- Bronze: the plan pays, on average, 60 percent; consumer pays 40 percent
- Silver: the plan pays, on average, 70 percent; consumer pays 30 percent
- Gold: the plan pays, on average, 80 percent; consumer pays 20 percent
- Platinum: the plan pays, on average, 90 percent; consumer pays 10 percent

The Public Enrollment Process—In addition to online enrollment, organizations will be frontline with enrollment assistance. Trained individuals from reliable organizations will be able to answer questions about enrollment, small business insurance eligibility, and tax credit.

“An individual’s premiums may be offset by tax credits. Individuals from 100 percent of federal poverty level up to 400 percent of federal poverty level (\$11,490–\$45,960 for an individual and \$23,550–\$94,200 for a family of four) will qualify for tax credits. Iowans must provide certain information in the application process to determine eligibility for an advance premium tax credit.” (Iowa Insurance Commissioner Nick Gerhart)

Navigators were written into the law as a kind of third party or organization who will explain some of the health insurance options and help to qualify an individual, or family, for the appropriate type of health insurance. Navigators are government trained and certified. In Iowa three navigator organizations were selected to receive grants.

- [Genesis Health System](#)
- [Visiting Nurse Services of Iowa](#)
- [Planned Parenthood of the Heartland](#)
- The [Ponca Tribe of Nebraska](#) was awarded a navigator grant and will also be covering Woodbury and Pottawattamie Counties.

Independent insurance agents and brokers in Iowa can help enroll consumers and business on the Marketplace but they must be trained and licensed by the State of Iowa.

Certified Application Counselor—are individuals from an organization that is a community health center or other health care provider, hospital, a non-federal governmental or non-profit social service agency in a state with a Federally-facilitated Marketplace or a State Partnership Marketplace, that have trained staff to assist people applying for coverage through the Marketplace. A federal grant support Iowa's 14 health centers to hire additional staff members, who will focus on reaching out to existing uninsured patients and to other individuals in their service areas. Iowa also has other organizations that plan to carry out CAC duties for individuals in their communities or regions.

Iowa Medicaid Enterprise—The Iowa Health and Wellness Plan includes comprehensive health coverage for low-income adults. It begins January 1, 2014, and will replace the IowaCare program which ends December 31, 2013. Current Medicaid members will receive notice of eligibility. Some of the members depending on their eligibility will be automatically enrolled.

Iowa Department of Human Services—Insurance enrollment options Table:

Iowa Wellness Plan	Market Place Choice Plan	Employee Sponsored Insurance
Eligibility: Income below 100% FPL	Eligibility: Income between 101-133% FPL	Eligible members that are employed, will be enrolled in ESI coverage if the employers insurance coverage is cost-effective to Medicaid
Coverage: Administered by Medicaid	Coverage: Through commercial plans on Health Market Place	
Benefits: Commercial benefits	Benefits: equal to marketplace Qualified Health Plans	
Health providers: Medicaid Providers	Health providers: QHP providers	

To find local enrollment assistance go to <https://www.healthcare.gov/how-do-i-get-help-enrolling-in-the-marketplace/>. At the bottom of that page, consumers can put in their zip, city or state and do a search for local help. This will show all the certified navigators and CACs.

How Can Hospitals and Clinics Assist Patients?

- Put up an "Iowa Health & Wellness Plan" information center or bulletin board with the various brochures & fact sheets made available via <http://marketplace.cms.gov>
- Provide rolling videos via a computer in the waiting room for patients to review made available via <http://marketplace.cms.gov>
- Have listing available with address and phone number of Navigators or Certified Assistance Counselors in your area
- For larger organizations; consider registering as a Certified Application Counselor organization to directly offer technical assistance.

Resources & Toolkits

1. [Iowa Insurance Consumer Advocate](#)—public information about the Iowa Marketplace
2. Iowa Primary Care Association—[MarketPlace Toolkit](#) with numerous resources and links.
3. [Enroll America](#) web site offers Affordable Care Act resources
4. [HealthCare.gov](#)—the official consumer site for the Marketplace
5. [Centers for Medicare & Medicaid Services, Health Insurance Marketplace](#)—official site for professionals
6. Centers for Medicare & Medicaid Services resources for health providers—[10 Things Providers Need to Know About the Marketplace](#)
7. [American Public Health Association—Resource Guide for Public Health Practitioners](#)

Less Than a Month Away! National Rural Health Day—November 21

National Rural Health Day is an opportunity to “Celebrate the Power of Rural” by honoring the selfless, community-minded, “can do” spirit that prevails in rural America. The day also gives us a chance to bring to light the challenges and showcase the efforts of rural health care providers. There is work to be done, but there is plenty to celebrate in Iowa rural health—and we invite you to join in! For the resource tool kit and to submit nominations for Rural Health Champion or Rural Photo Contest, go to <http://www.iaruralhealth.org>. To see what is going on at the national level, go to <http://celebratepowerofrural.org>.

Rural Health Photos will be shared and Rural Health Champions will be recognized at the [Iowa Fall Rural Health Meeting](#) on November 21.

Again this year, the Governor will sign a National Rural Health Day proclamation in his office on November 14.



Iowa Governor signing the 2012 proclamation.

Iowa Rural Health Program Staff Changes

Effective July 1, 2013, Jane Schadle changed positions within the Iowa Department of Public Health. Please delete Jane from your rural health programs contact lists.

Please update your contact lists to include:

Gloria Vermie, State Office of Rural Health director, gloria.vermie@idph.iowa.gov

Kate Payne, Iowa FLEX program coordinator, kathleen.payne@idph.iowa.gov

Katie Jerkins, Iowa FLEX program planner, rural resource coordinator, katherine.jerkins@idph.iowa.gov

Doreen Chamberlin, executive officer and program coordinator for the SHIP Grant, doreen.chamberlin@idph.iowa.gov



Federal Designation of Core Area Population Classifications

In February 2013, the US Office of Management and Budget established revised delineations for Metropolitan Statistical Areas, Micropolitan Statistical Areas, and Combined Statistical Areas. OMB does not define rural specifically, but by default. They define Metropolitan Statistical Areas and Micropolitan Statistical Areas and Combined Statistical Areas. Everything else is described as Non-Core and perceived as being rural. These designations are important because they help determine eligibility for certain programs and funding within the Bureau of Oral and Health Delivery Systems.

Metropolitan Statistical Areas are core-based areas with at least one 'urbanized' area of at least 50,000 in population and a core area of at least 2.5 million people. The core area is the central county and the MSA can include surrounding counties that have a significant level of commuting to the core county, which shows high degree of social and economic integration with core area.

Micropolitan areas have a core with at least one urban cluster with a population of between 10,000 and 50,000. The core area can extend into surrounding counties that have a heavy degree of commuting to the core.

Combined Statistical Areas can serve as an important geographic tool for the Federal statistical data community. They can be characterized as representing larger regions that reflect broader social and economic interactions, such as wholesaling, commodity distribution, and weekend recreation activities, and are likely to be of considerable interest to regional authorities and the private sector. Combined Statistical Areas do not supersede Metropolitan and Micropolitan Statistical Areas.

Iowa covers 55,869 square miles of the total 3,537,438 square miles in the US (1.58 percent) and has 99 counties. Based on the 2013 OMB designation, Iowa has 21 counties classified as Metropolitan Statistical Areas counties. Seventeen counties are classified as Micropolitan Statistical Areas. The remaining 61 counties are non-core (aka rural counties). Click [here](#) to view an Iowa Core Based Statistical Area Classifications map.



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Iowa Public Health Tracking – Valued for Hospitals and Communities

The Iowa Department of Public Health launched the [Iowa Public Health Tracking](#) program early this September. This system leverages a cutting-edge platform (SharePoint 2013) to display data in the form of interactive dashboards containing environmental and public health data. The tracking portal replaces the current Data Warehouse system while retaining the functionality of the warehouse.

The IPHT project stems from the Centers for Disease Control and Prevention National Environmental Tracking program. Iowa is one of 22 states participating in the project.



The goal of the new tracking portal is to provide easily accessible, descriptive health data useful in tracking health problems at the county and state levels. Basic county health snapshot reports provide data for 70+ health indicators in categories such as health behaviors, reproductive health, infectious disease, asthma, mortality and injury prevention, heart disease and other chronic conditions, cancer, and population statistics. Users, such as hospitals, with an interest in community health, have the ability to compare indicators across multiple counties for a single year or for multiple years in an individual county.

Dashboard display allows users to view data in different formats (e.g., table, line graph, bar chart) and view low level breakdowns of data for more specific data interests (e.g., race, gender). Multiple state and county-level dashboards are available for the following subject areas:

- Air quality
- Water quality
- Air and health outcomes
- Asthma
- Birth defects
- Cancer
- Carbon monoxide
- Childhood lead
- Heart attacks
- Reproductive outcomes

For more information and to access the IPHT portal, visit <http://www.idph.state.ia.us/EHS/EPHT.aspx>. Resources are available upon request for users that need individualized or institutionalized help. The IPHT program would also appreciate any feedback to help improve the data or portal system.

Resources

Network Development Grant Program

Fifteen grants, totaling \$4.5 million, are available, each with an award ceiling of \$300,000 per year. Closing date for applications is December 6, 2013. The purpose of the RHND Grant Program is to expand access to, coordinate, and improve the quality of essential health care services, and enhance the delivery of health care in rural areas. These grants support rural providers who work in formal networks to integrate administrative, clinical, technological, and financial functions. Funding should aim to improve the viability of individual partners within the network and improve the delivery of care to people served by the network. For more see the [RHND Grant Program announcement](#).

Emergency Medical Services Response to Motor Vehicle Crashes in Rural Areas Report

Iowa was one of 14 states included in the Transportation Research Board's National Cooperative Highway Research Program Synthesis 451: Emergency Medical Services Response to Motor Vehicle Crashes in Rural Areas identifies potential factors that may help reduce the time needed to provide effective medical care to crash occupants on rural roads. Click [here](#) to see the report.

Behavioral Health in Iowa: Magellan Behavioral Care of Iowa's Iowa Report to the Community Transforming Care Through Collaboration

The report focuses special attention on the rollout of the Integrated Health Home program in Iowa and other innovations, including consumer empowerment, quality improvement and commitment to the local community. Click [here](#) to read more.

Rural Health System Analysis and Technical Assistance

Rural Health System Analysis and Technical Assistance is a new entity through a cooperative agreement between the Federal Office of Rural Health Policy, the RUPRI Center for Rural Health Policy Analysis, and Stratis Health. Due to the rapidly changing health care environment, the [RuralHealthValue.org](#) team was created to analyze rural implications of changes in the organization, finance, and delivery of health care services and will assist rural communities and providers transition to a high performance rural health system. Click [here](#) to view RHSATA resources.

Foundation for Rural Education and Development Scholarships

Scholarships for students from rural areas who are interested in pursuing show an interest in returning to careers in rural areas upon completion of degree programs. Application deadline: February 14, 2014. Click [here](#) for information.

Iowa Medical Home for Children Report

A survey conducted by the Public Policy Center at the University of Iowa shows that while most children in Iowa have a medical home base, some are being left behind. To view full story and download the report, click [here](#).

Worth Noting

Upcoming Iowa Department of Public Health Service Contract Management Changes

Iowa Department of Public Health currently operates an electronic grant management system which provides for electronic submission of grant applications and service contract management. The SharePoint program which supports this service will no longer receive Microsoft's mainstream support. IDPH management evaluated several options to maintain an electronic contract management system and determined that an existing electronic system is the best alternative. The State of Iowa has an online system—lowaGrants.gov—which provides a 'one-stop shopping' portal for application submission and service contract management. lowaGrants.gov provides expanded capabilities to customers, including application submission within the system, system generated reminders for initiated applications, and contractually required reports and a communication center. If you currently have a contract with the Department through SharePoint, please review the communication providing additional information about lowaGrants.gov in the Shared Documents section of your site. We are excited about the transition to lowaGrants.gov and ask for your patience and cooperation as we begin the transition. IDPH will be offering trainings about lowaGrants.gov for its contractors in the upcoming months, as well as provide communications about the status of the transition. If you are a current contractor, please be watching for these communications and training opportunities.

Department of Transportation physical examinations

Effective May 21, 2014, only those health practitioners' listed on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners will be permitted to do these examinations and issue medical certificates (or medical cards). If you already perform 'DOT Physicals' for bus and truck drivers or would like to begin issuing medical certificates, you need to be aware of this new FMCSA safety regulation and complete the training and testing necessary to have your name added to the national registry. A Fact Sheet for medical examiners can be found at: https://nationalregistry.fmcsa.dot.gov/NRPublicUI/documents/FactSheetMedical_Examiners.pdf and all the information you need to find out how to become a part of the national registry can be found at: <https://nationalregistry.fmcsa.dot.gov>.

Sodium Reduction Toolkit

The Sodium Reduction Toolkit: A Global Opportunity to Reduce Population-Level Sodium Intake is now available in Spanish.

This toolkit was developed by the Centers for Disease Control and Prevention to provide an overview of various topics related to population-level sodium reduction.

Excessive sodium intake increases blood pressure, and data show that reducing average sodium intake can lower blood pressure. High blood pressure is a leading risk factor for cardiovascular disease worldwide. Sodium reduction efforts can be an effective tool to improve blood pressure control and health.

By making these materials available in Spanish, this toolkit will reach a broader audience. You can access the English and Spanish version of the Sodium Reduction Toolkit today at http://www.cdc.gov/salt/sodium_toolkit.htm. Additional sodium resources, guides, and fact sheets are also available at <http://www.cdc.gov/salt>.

If you need additional assistance related to the toolkit, please contact Jessica Barron at wey8@cdc.gov.

Worth Noting Continued

Connecting Kids to Coverage

Tooth decay is the most common chronic disease of childhood. Nearly half of all 5-year-olds have experienced tooth decay. Yet, sadly, 4 million children are eligible right now to receive dental coverage through Medicaid or CHIP but are not enrolled. Let's help to reduce that number.

If left untreated, tooth decay can interfere with a child's ability to eat, sleep, socialize and learn. Children with dental coverage are more likely to get the care they need. Parents should learn if their kids are eligible for coverage. If so, they can sign up their children.

Medicaid and CHIP cover a variety of dental services, such as teeth cleanings, check-ups, x-rays, fluoride, dental sealants and fillings. Parents can find out more by calling 1-877-KIDS-NOW or visiting InsureKidsNow.gov.

Dentists, dental hygienists, pediatricians and others who care about health can help connect kids to coverage by printing or circulating the educational materials produced by the Centers for Medicare & Medicaid Services. Oral health advocates can direct parents and caregivers to the InsureKidsNow.gov web page, where families can learn more about dental coverage through their state's Medicaid or CHIP program.

Health and Human Services and USDA Pilot Helps Critical Access Hospitals Meet Health IT Requirements

At the beginning of 2013, the USDA Rural Utilities Service established a pilot initiative with the Health and Human Services Office of the National Coordinator to help rural Critical Access Hospitals meet their Health IT requirements under existing statutes, including the HITECH Act and the Affordable Care Act. The objective also is to develop best practices that will enable rural communities to leverage all available resources, including USDA's Rural Development Community Facilities, Rural Utilities Service, and Business and Cooperative programs.

Five pilot states (Illinois, Iowa, Kansas, Mississippi and Texas) have completed joint funding and technical training workshops to teach CAH administrators how to utilize Rural Development programs to identify and fund Health IT needs. All five pilot states conducted in-person workshops for CAHs in need of funds to purchase Health IT equipment.

To date, six hospital projects have been funded using Rural Development program dollars to finance Health IT investments and/or other infrastructure needs to improve efficiency in rural health care delivery. Several other hospitals are in the process to attain funding which will benefit their EHR meaningful use goals.

Calendar of Events

Prepare to Care Instructor Trainings

Prepare to Care: Iowa's Direct Care and Support Curriculum

October 29, 2013–March 28, 2014

Sioux City, Waterloo, Des Moines, and Davenport.

For more information about the training and certificates available, instructor requirements, and the instructor application, visit: <http://iowadirectcare.wikispaces.com>

12th Annual Midwest Rural Agricultural Safety & Health Conference

November 19–20, 2013

Ames, Iowa

Gateway Hotel and Conference Center

More information and registration: <http://cph.uiowa.edu/icash/events/mrash/2013/>

The Iowa Rural Health Association & Iowa Association of Rural Health Clinics 2013 Joint Fall Meeting

November 21, 2013

Des Moines, Iowa

Animal Rescue League of Iowa

More information and registration: <http://www.iaruralhealth.org> or <http://iarhc.org>

3rd Annual National Rural Health Day

November 21, 2013

Your local rural community

More information: <http://www.idph.state.ia.us/ohds/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=SORH> or <http://celebratepowerofrural.org>



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